

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008518

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAR 15 1962

Primary Registration District

1003

Registrar's No.

2599

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		c. CITY OR TOWN St Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If outside, give location) 1530 Lafayette Ave	
3. NAME OF DECEASED (Type or print) First Middle Last Frank Nahlik		4. DATE OF DEATH Month Day Year March 5 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-22-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Retinner		10b. KIND OF BUSINESS OR INDUSTRY Retinng	11. BIRTHPLACE (City and state or country) Czechoslovakia
13a. FATHER'S NAME Vaclav Nahlik		13b. MOTHER'S MAIDEN NAME Barbara Klasek	14. NAME OF HUSBAND OR WIFE Mary
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Address A Frank Nahlik 5242 Lindenwood	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Vascular Accident</i> DUE TO (b) <i>Myocarditis Myodesperal</i> DUE TO (c) <i>Arricular fibrillation</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) <i>Chr. Emphysema</i> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>3 ya.</i> <i>4 mo.</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>433.1</i>	
20c. TIME OF INJURY Hour a.m. p.m. <i>none</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Dec. 6 - 1958</i> to <i>March 5 - 62</i> and last saw her/him alive on <i>Feb. 21 - 1962</i> Death occurred at <i>4:45 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Dr. Emanuel S. M.D.</i>		22b. ADDRESS <i>2767 Garrison St. No 3-6-62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>3/8/62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>S S Peter & Paul Cem</i>	
24. FUNERAL DIRECTOR <i>Moydell Funeral Home 1926 Allen</i>		25. DATE RECD. BY LOCAL REG. <i>MAR 7 1962</i>	
26. REGISTRAR'S SIGNATURE <i>Lead Smith. M.D.</i>		27. DATE SIGNED <i>3-6-62</i>	

USE BLACK INK
OR
TYPEWRITER RIBBON



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~embalmer~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harley R. Jaeller Jr

Licensed Embalmer No.

4950

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.